

Court Alcohol and Drug Program Scholarship

EXPENSE DOCUMENT FORM

To receive reimbursement for Court Alcohol and Drug Program Scholarship dollars, please send the Judicial Center the original receipts and other expense documentation as listed below. Complete this form in ink and enclose original receipts for expenses along with completed W9 and direct deposit form (if not on file with the State of Indiana Auditor's office). Program Director signature is required. The Scholarship will pay 80% of the total expenses indicated below up to a total of \$1,000 whichever is less.

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| Tuition Expense CSAMS reimbursement only covers tuition expense. | Attach copy of program brochure listing tuition and other fees. (Not required if sent with original scholarship application.) | Amount: _____ |
| Air Travel Expenses | Attach receipt for airline passenger ticket. | Amount: _____ |
| In-state Auto Travel Expenses | Judicial Center pays County Seat to County Seat | Amount: _____ <small>(IJC enters amount)</small> |
| Out-of-State Auto Travel Expenses | Odometer on return _____ Odometer on depart _____ | Amount: _____ <small>(IJC enters amount)</small> |
| Lodging Expense | Attach receipt for room charge | Amount: _____ |
| Scholarship number: _____ | | TOTAL Amount: _____ |

Please provide full name of the Certified Court Alcohol and Drug Program receiving the scholarship:

Name of A&D Program _____

I, as program director, have examined the preceding information and attached documents, and certify that the reported expenses were actually incurred to attend the program approved by the Indiana Judicial Center for a Court Alcohol and Drug Program Scholarship.

Copy of W-9, Required for payment
 Completed Direct Deposit form,
 (if not on file with State of Indiana Auditors Office)

 Program Director signature

 Date

Payment amount approval by IJC

 Date

 IJC signature